

## CONSTRUCTION WORK AUTHORIZATION

DATE: \_\_\_\_\_

TOP PORTION FILLED OUT BY CONSTRUCTION OR PROJECT MANAGEMENT PERSONNEL ☐ PRECONSTRUCTION  
☐ CONSTRUCTION Rev. \_\_\_\_\_

TITLE OF PROJECT: \_\_\_\_\_

PROJECT #: \_\_\_\_\_ START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

SPECIFIC LOCATION OF PROJECT: \_\_\_\_\_

SUBCONTRACTOR(S) PERFORMING WORK: \_\_\_\_\_

CONSTRUCTION OR PROJECT MANAGER: \_\_\_\_\_ PHONE/PAGER: \_\_\_\_\_ / \_\_\_\_\_

CONSTRUCTION OR PROJECT COORD.: \_\_\_\_\_ ENGINEER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PAGER/RADIO: \_\_\_\_\_ / \_\_\_\_\_ PAGER/RADIO: \_\_\_\_\_ / \_\_\_\_\_

DESCRIPTION OF WORK AND ASSOCIATED HAZARDS: \_\_\_\_\_

FREQUENCY OF VERBAL NOTIFICATION:

☐ MONTHLY ☐ OTHER: \_\_\_\_\_

RECOMMENDATIONS/OTHER DOCUMENTS: \_\_\_\_\_

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### BOTTOM PORTION FILLED OUT BY FACILITY, AREA, OR SHIFT MANAGEMENT PERSONNEL

HAZARDS AND SAFETY INSTRUCTIONS AND RESTRICTIONS: \_\_\_\_\_

FACILITY, AREA, OR SHIFT MANAGEMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

VERBAL NOTIFICATION REQUIRED TO (TITLE/NAME): \_\_\_\_\_

(PHONE): \_\_\_\_\_

FREQUENCY OF VERBAL NOTIFICATION:

☐ MONTHLY ☐ OTHER: \_\_\_\_\_

OPERATIONS OR SHIFT MANAGEMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

432.30#  
04-97  
Rev. #01

**CONSTRUCTION WORK AUTHORIZATION**

CONSTRUCTION OR PROJECT MANAGEMENT  
APPROVAL:

DATE:

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